FORM D

Gao Niall Meil Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEP 12 2008

Washington, DC

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

| OMB Number: 3235-0076 |
|--------------------------|
| Expires: August 31, 2008 |
| Estimated average burden |
| hours per form16 |
| · - |

SEC USE ONLY

Serial

Prefix

| PROCESSED | UNIFORM LIN | ALLED | OFFERIN | G EXEMPTION | | |
|--|---|------------|---------------------|-------------------------|--------------------|--------------------|
| SEP 1 9 2008 | | | | | DA | TE RECEIVED |
| THOMSON REUTERS | | | | | | |
| Name of Offering (☐ check if this is an a | mendment and name has c | hanged, a | nd indicate chang | e.) | | |
| Series A Preferred Stock Financing | | | | | | |
| Filing Under (Check box(es) that apply): | ☐ Rule 50 |)4 | ☐ Rule 505 | ⋈ Rule 506 | ☐ Section 4(6 |) ULOE |
| Type of Filing: | | × | New Filing | | ☐ Amendmer | nt |
| | A. I | BASIC ID | ENTIFICATIO | N DATA | _ | |
| 1. Enter the information requested about | it the issuer | | | | | |
| Name of Issuer (check if this is an am | endment and name has char | nged, and | indicate change.) | | . /// | |
| Intense Debate Corporation | | | < | | | |
| Address of Executive Offices | (Number ar | nd Street, | City, State, Zip Co | ode) – Telephone Number | (In | |
| 1980 8th Street, Boulder, CO 80302 | | | | (720) 938-2473 | | |
| Address of Principal Business Operations (if different from Executive Offices) | (Number and Street, City. | State, Zip | Code) | Telephone Number | (h. U { | 3059983 """ """ "" |
| Same | | | | Same | | |
| Brief Description of Business Internet technology | | | | | - | |
| Type of Business Organization | | | | | | |
| ☑ corporation | ☐ fimited partnership, a | lready for | med | (| ☐ other (please sp | ecify): |
| ☐ business trust | ☐ limited partnership. to | o be forme | :d | | | |
| Actual or Estimated Date of Incorporation | ı or Organization: | _ | Month) I | <u>Year</u> 2008 | | |
| · | • | | | | Actual | □ Estimated |
| Jurisdiction of Incorporation or Organizat | ion: (Enter two-letter U CN for Canada; FN | | | | | DE |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6). 17 CFR 230.501 et seq. or 15 U.S.C. 774(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or

Where to File: U.S. Securities and Exchange Commission. 450 Fifth Street. N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C. and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of pattnership issuers.

| Check Boxes that Apply: | Promoter | ■ Beneficial Owner | Executive Officer | ■ Director | ☐ General and/or Managing Partner | | | | | |
|--|---|--------------------------------|---------------------|------------|--------------------------------------|--|--|--|--|--|
| Full Name (Last name first, if individual) Keller, Tom | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 1980 8 th Street, Boulder, CO 80302 | | | | | | | | | | |
| Check Boxes that Apply: | Promoter | Beneficial Owner | ■ Executive Officer | Director | ☐ General and/or Managing Partner | | | | | |
| · · · · · · · · · · | name first, if individual) | | | | | | | | | |
| Fox, Jon Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | |
| | Boulder, CO 80302 | | | | | | | | | |
| Check Boxes that Apply: | ☐ Promoter | ☑ Beneficial Owner | Executive Officer | Director | ☐ General and/or Managing Partner | | | | | |
| Full Name (Last Cohen, David (| name first, if individual) | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) Colorado Startups, LLC. 1625 Pine Street, Boulder, CO 80302 | | | | | | | | | | |
| Check Boxes that Apply: | Promoter | ■ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner | | | | | |
| Full Name (Last Colorado Start | name first, if individual) | | · · · · · · | | | | | | | |
| | idence Address (Number and S | Street, City, State, Zip Code) | | | | | | | | |
| | r, Boulder, CO 80302 | | | | | | | | | |
| Check Boxes that Apply: | Promoter | Beneficial Owner | Executive Officer | ☐ Director | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if individual) Intensity Fund-TS, LLC | | | | | | | | | | |
| Business or Res | idence Address (Number and seet, Suite 200, Boulder, CO 8 | | | | | | | | | |
| Check Boxes that Apply: | Promoter | ■ Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | | |
| | name first, if individual) and Campbell, Claire JTWI | ROS | | | | | | | | |
| Business or Res | idence Address (Number and street, #401, Boulder, CO 8030 | Street, City, State, Zip Code) | | | | | | | | |
| Check Boxes that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner | | | | | |
| Full Name (Last | name first, if individual) | | | | | | | | | |
| Business or Res | idence Address (Number and | Street, City, State, Zip Code) | | | | | | | | |
| Check Boxes that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner | | | | | |
| Full Name (Last | name first, if individual) | | | | | | | | | |
| Business or Residence Address (Number and Street, City. State, Zip Code) | | | | | | | | | | |
| Check Boxes that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | ☐ Director | ☐ General and/or Managing Partner | | | | | |
| | name first, if individual) | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | |
| _ | | | | | | | | | | |

| I. Has i | the issuer sold, or | does the issu | er intend to | | | | | under ULOE | | | Yes No |) <u>X</u> |
|---|---|--------------------------------|---------------------------------|--------------------------------|-----------------------------------|-----------------------------|-------------|----------------|----------------|--------------|--------------|-----------------|
| 2. Wha | t is the minimum | investment tl | nat will be ac | ccepted from | n any indivi | duat? | | | | ************ | \$ | N/A |
| 3. Does the offering permit joint ownership of a single unit? | | | | | | Yes <u>X</u> No | | | | | | |
| solic regis | er the information citation of purcha stered with the SE er or dealer, you | sers in conne C and/or with | ection with : h a state or s | sales of sec tates, list th | rurities in the re name of the | e offering. ne broker or | If a person | to be listed i | s an associate | ed person or | agent of a b | roker or dealer |
| None | | | | | | | | | | | | |
| Full Name | e (Last name first | , if individual | 1) | | | | | | | | <u>-</u> - | |
| Business | or Residence Ado | Iress (Numbe | r and Street. | City, State, | Zip Code) | | | · •- | | <u> </u> | | |
| Name of | Associated Broke | r or Dealer | | | | _ | | | | | | |
| States in | Which Person Lis | ted Has Solic | ited or laten | ds to Solici | t Purchasers | | | <u> </u> | | ········ | | |
| | All States" or che | | | | | | | | | | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | (KY) | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [VA] | [WV] | [WI] | [WY]_ | [PR] |
| Full Nam | e (Last name first | , if individua | l) | | | | | | | | | |
| Business | or Residence Add | iress (Numbe | r and Street. | City, State. | , Zip Code) | | | | | | | |
| Name of | Associated Broke | r or Dealer | | | | <u></u> | | | | | | |
| States in | Which Person Lis | sted Has Solid | rited or Inter | ids to Solici | t Purchasers | - | <u> </u> | | · | | | |
| | All States" or che | | | | | | ••••• | | .,, | | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | (HI) | [ID] |
| (IL) | [IN] | [IA] | [KS] | {KY} | [LA] | [ME] | [MD] | [MA] | (MI) | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | {OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [VA] | [WV] | [WI] | [WY] | [PR] |
| Full Nam | ne (Last name first | t, if individua | 1) | | | | | | | | | |
| | | | | 0 | <i></i> | | | | | | | |
| Business | or Residence Ado | dress (Numbe | r and Street, | City, State | , Zip Code) | | | | | | | |
| Name of | Associated Broke | er or Dealer | | | | | | | - | | <u> </u> | |
| | Which Person Lis | | | | | | ***** | | | | | ET All O |
| • • | All States" or che | | | | | | | | | | (1153 | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | (DE) | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [N] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | (MA) | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [HM] | [[[] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| (RI) | [SC] | [SD] | (TN) | [TX] | (UT) | [VT] | [VA] | [VA] | [WV] | [WI] | [WY] | [PR] |

B. INFORMATION ABOUT OFFERING

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." transaction is an exchange offering, check this box 🛘 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debi 500.000.00 299,000.00 Equity Common Preferred Convertible Securities (including warrants)..... Partnership Interests Other (Specify ____ 500,000.00 Total..... 299,000.00 Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Dollar Amount Investors of Purchases Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Sold Security Type of Offering Rule 505..... Regulation A..... Rule 504..... Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs X 5,000.00 Legal Fees Accounting Fees Engineering Fees..... Sales Commissions (specify finders' fees separately)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Other Expenses (Identify) photocopies, mailing, etc.....

Total.....

×

5,000.00

| C. OFFERING PRICE, NUMBER OF I | NVESTORS, EXPENSES AND USE OF PROCEEDS | | | | | | |
|--|---|--------------------------|--|--|--|--|--|
| Enter the difference between the aggregate offering price given in re- in response to Part C – Question 4.a. This difference is the "adjusted | \$ | 495,000,00 | | | | | |
| Indicate below the amount of the adjusted gross proceeds to the issuer us. If the amount for any purpose is not known, furnish an estimate and compayments listed must equal the adjusted gross proceeds to the issuer set for any purpose. | | | | | | | |
| fm311001111 11110 11111 1111 11111 11111 11111 11111 1111 | | Payment To | | | | | |
| | _ | Others | | | | | |
| Salaries and fees | — · <u> </u> | | | | | | |
| Purchase of real estate | | | | | | | |
| Purchase, rental or leasing and installation of machinery and equipment | · · · · · · · · · · · · · · · · · · · | □ s | | | | | |
| Construction or leasing of plant buildings and facilities | \$ | □ \$ | | | | | |
| Acquisition of other businesses (including the value of securities involved in in exchange for the assets or securities of another issuer pursuant to a merger) | this offering that may be used | □ s | | | | | |
| Repayment of indebtedness | | □ \$ | | | | | |
| Working capital | ss | X \$ | 495,000.00 | | | | |
| Other (specify): | s | □ s | | | | | |
| | | | | | | | |
| Column Totals | | × \$ | | | | | |
| Total Payments Listed (column totals added) | 495,000 | | | | | | |
| Total Payments Listed (column totals added) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | ERAL SIGNATURE | | | | | | |
| The issuer had duly caused this notice to be signed by the undersigned duly a an undertaking by the issuer to furnish to the U.S. Securities and Exchange Conn-accredited investor pursuant to paragraph (b)(2) of Rule 502. | authorized person. If this notice is filed under Rule 505, the Commission, upon written request of its staff, the information | following r furnished | signature constitutes I by the issuer to any | | | | |
| Issuer (Print or Type) | Signature | Date | | | | | |
| Intense Debate Corporation | | 8- | -78-01 | | | | |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | | | | | | |
| Tom Keller | President and Chief Executive Officer | | | | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

END